

Throughout much of rural Asia the village midwife is an influential member of the community. Her clients are also her friends and neighbours, and when she is not assisting at the birth of a child, she works alongside them in the fields. With her accumulated knowledge of traditional lore and folk medicine she has a definite influence on the health of the families she serves — although, lacking formal education or training, that influence may not always be positive and her efforts not always successful.

Three years ago the IDRC co-sponsored a seminar for health planners from Indonesia, Malaysia, the Philippines and Thailand that examined the future of traditional birth attendants (as the health professionals prefer to call them), and particularly their potential role in family planning programs. Delegates reported on what was already being done in their countries, and concluded that there would continue to be a role for the village midwife in the foreseeable future, but there was an urgent need to provide more training programs, particularly if they were to take on the additional role of family planning motivators.

Dr. J. Y. Peng, formerly with the World Health Organization and now Population and Health Sciences representative at IDRC's Asia regional office, was a member of the advisory group to that seminar, and co-editor of the report subsequently published by IDRC (*Role of Traditional Birth Attendants in Family Planning*, IDRC-039e). He reports on developments in the four countries since the seminar took place.

In **Indonesia**, where an estimated 80 percent of all births are attended by traditional midwives, a total of 34,110 midwives had been trained by the end of 1976 — 10,000 of them in the past year alone.

The program is part of the Ministry of Health maternal and child health program, in cooperation with village heads, who keep a register of all midwives who have completed the training. The initial course lasts about two weeks, and is followed by six months of once-weekly sessions, at the end of which the midwives undergo an oral certification exam. From then on they may attend weekly refresher courses and workshops.

They learn about hygienic delivery, mother and child care, and family planning, and keep accurate records of births and deaths. A handbook has been produced to assist Ministry of Health workers who supervise the midwives. It has been found that the midwives' success as family planning motivators depends to a large extent on the guidance given by the health professionals. The average number of family planning acceptors recruited by the midwives has been two to three per month.

Village midwives deliver

J. Y. Peng



Traditional midwives taking part in a training course in Malacca, Malaysia.

The policy in the **Philippines** is to attempt to integrate the newly trained traditional midwives into the overall health care system. Up to 1974 some 9,200 had been trained by the government program, but since then the effort has been greatly stepped up, and the target for 1977-80 is 5,000 per year. As part of this increased effort the Instructor's Guide has been up-dated and now includes training on family planning, and new teaching materials have been developed.

With IDRC support a research project has been carried out, using active trained midwives to supervise others, and has met with considerable success. As in each of the other countries, the traditional midwives were found to be

quite successful as family planning motivators at first, but their success tends to decline with time.

In **Thailand** also the training of traditional midwives has been increased in recent years. Following a successful IDRC-supported project to involve traditional midwives in family planning (see *IDRC Reports* Vol. 5 No. 1), a training program was begun to provide more trainers at the provincial level. This will be completed in 1977, and it is estimated that as many as 45 percent of traditional midwives will have been trained in family planning and maternal and child care in the next two years. This program may be extended to 1980 in order to reach all available traditional midwives.

It is expected that the trained midwives will spend up to half their time on family planning activities, and some excellent visual aids and motivation kits have been developed to assist them in their work.

Malaysia has the smallest number, about 3,000, of traditional midwives of any of the four countries, and by the end of 1976 more than half of these had passed through the government training courses — 1,645 in all. The National Family Planning Board has begun a special program to train selected village midwives in family planning techniques. This program has gradually expanded, and by 1976 some 280 midwives had been trained for the project and another 168 were undergoing training.

Studies have also been made of the traditional midwives' success as family planning motivators and of their caseload. These studies showed that, while the number of clients increased with time, the number of family planning acceptors recruited by each midwife declined over the same period, averaging out at about two per month.

In general, then, all four countries have made a determined effort to better utilize the services of traditional midwives by involving them in the overall health care system. The key factors in such programs are training, the assignment of definite functions, and good supervision.

It is generally accepted that the traditional midwives are gradually fading out, to be replaced by trained, graduate midwives as government health services improve and expand. Thus their role is essentially a transitional one — but it is a role that will continue to be important, especially in rural areas, for many years to come.

As one of the participants in the 1974 seminar put it: "The question is no longer whether they are trainable, changeable and utilizable. Rather the question is how best to train, how best to supervise, how best to utilize, and for what purpose." Indonesia, Malaysia, the Philippines and Thailand have gone a long way toward answering those questions in the past three years. □